



State of Nebraska
Nebraska Commission for the Deaf and Hard of Hearing
4600 Valley Road, Suite 420
Lincoln, NE 68510-4844



Form G: Initial Application – Limited Practice License

Section A — Personal Information:

1. Legal Name: _____ Birth date: ____/____/____

2. Social Security Number: ____ - ____ - ____ RID Membership Number: _____

3. Mailing Address: _____
 (Street/Apt. #/P.O. Box/Route)

(City)

(State)

(Zip Code)

4. Home Telephone: _____ Business or Cell Phone: _____

5. E-mail Address: _____

6. **Submit a copy of one of the following picture IDs:**

☐ Driver's License ☐ Passport ☐ Other: _____

7. **Moral Character:**

Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☐ No

If yes, official court records relating to the conviction and disposition must be submitted along with a letter from you explaining your conviction.

Have you ever been disciplined, or are currently the subject of any disciplinary action, in any jurisdiction, related to providing interpreting services or adhering to either the RID Code of Ethics or the NAD-RID Code of Professional Conduct? ☐ Yes ☐ No

If yes, submit the type of action, date, and name and address of the entity taking such action along with an explanation letter from you.

Section B — Eligibility Criteria for Licensing:

A copy of your current card or certification will need to be submitted with this application. Check all that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> NIC | <input type="checkbox"/> NIC Advanced | <input type="checkbox"/> NIC Master |
| <input type="checkbox"/> RID Certificate of Interpretation | <input type="checkbox"/> RID Certificate of Transliteration | <input type="checkbox"/> RID Comprehensive Skills Certificate |
| <input type="checkbox"/> RID Interpretation Certificate | <input type="checkbox"/> RID Transliteration Certificate | |
| <input type="checkbox"/> RID Interpretation Certificate/Transliteration Certificate | | |
| <input type="checkbox"/> NAD Interpreter Proficiency Certificate | <input type="checkbox"/> Level III | <input type="checkbox"/> Level IV <input type="checkbox"/> Level V |
| State/Agency Issued from: _____ | | |
| <input type="checkbox"/> Mid-America QAST — Interpreting | <input type="checkbox"/> Level III | <input type="checkbox"/> Level IV <input type="checkbox"/> Level V |
| State/Agency Issued from: _____ | | |
| <input type="checkbox"/> Mid-America QAST — Transliterating | <input type="checkbox"/> Level III | <input type="checkbox"/> Level IV <input type="checkbox"/> Level V |
| State/Agency Issued from: _____ | | |

Section C – Specialty Category:

- ☐ Intermediary Interpreter ☐ Oral Interpreter/Transliterater ☐ Tactile Interpreter
☐ Cued Speech Transliterater ☐ Legal Interpreter ☐ Other: _____

For Intermediary Interpreters who do not possess RID Certification, ALL of the following are required:

- ☐ I have enclosed written documentation proving I have completed 8 hours of training on the RID Code of Ethics.
- ☐ I have enclosed written documentation proving I have completed 8 hours of training on the role and function of a deaf or hard of hearing intermediary interpreter.
- ☐ I have enclosed official documentation of having passed the Mid-America QAST written Code of Ethics examination.
- ☐ I have enclosed proof of passing the Language Proficiency Interview examination.

For Interpreters who do not possess any of the above, the following is required:

- ☐ I have enclosed official documentation of holding current licensure, certification or registration in another state that has substantially the same requirements or more stringent requirements than Nebraska.

I am eighteen (18) years of age or older: ☐ Yes ☐ No

I have attained a High School diploma/or equivalent: ☐ Yes ☐ No

Name of Institution Granting the Diploma/Certification: _____

Date of Graduation/Program Completion: ____/____/____

Section D — Licensure Fees:

Limited License Fee:

- ☐ \$25.00 for one year

Section E — Certification of Applicant:

I hereby agree that I have knowledge of and comply with the standards set forth in the Regulations Governing the Practice of Interpreting or Transliterating as established by the State of Nebraska and understand the types of misconduct for which disciplinary proceedings may be initiated against me pursuant to said regulations.

I also certify that the preceding information is correct to the best of my knowledge. I agree to follow the NAD-RID Code of Professional Conduct as set forth in section 002 of the Regulations Governing the Practice of Interpreting or Transliterating.

Signature of Applicant

Date

Make check or money order payable to: Nebraska Commission for the Deaf and Hard of Hearing
Send application, all required documents and licensure fee to:

Nebraska Commission for the Deaf and Hard of Hearing
Attention: Licensing
4600 Valley Road Ste 420
Lincoln NE 68510